

## Module 2: Why Bottom Up Instead of Top Down?

<http://www.uniteforsight.org/community-development/course1/module2>

"The most critical issue with international development is getting the right resources to where they are needed most and ensuring those resources are being integrated in a sustainable manner. The greatest failure of international development to this day is the wasting of resources due to a lack of comprehensive knowledge of the realities on the ground."<sup>(1)</sup> It is this lack of accountability and meaningful investment—"the tragedy of aid"—that William Easterly denigrates in his book *The White Man's Burden*. He contends that while a lot of money has been allocated to developing country projects, there is "shockingly little" growth to show for it.<sup>(2)</sup> This can occur when bureaucratic interventions by governments, foreign agencies, or transnational conglomerates impose "top-down" solutions that fail to take into account both the needs and wishes of the bottom. Conversely, if solutions to community issues are identified and rectified by community-developed remedies—ones that better understand the delicate intricacies of local issues—success and sustainability are much more likely.

### Case Study #1: A Successful Bottom-Up Approach

Ban Vinai, a 400-acre refugee camp perched in the remote, hilly region of northeast Thailand, has been home to more than 48,000 residents since the Vietnam War. Residing in the overcrowded, dilapidated camp hovels are primarily the Hmong, an ethnically unique hilltribe people originating in the mountains of Laos.<sup>(3)</sup> Before the war, the Hmong generally cloistered themselves off from Laotian society, preferring a solitary, exclusionary lifestyle of subsistence farming and distinctive cultural and religious tradition. In the late 1960s when the Vietnam War crept into Laos, however, the United States recruited thousands of Hmong fighters, who felt that their land and independence were threatened by communism. Displaced by the bombings of the North Vietnamese and Lao regime, the Hmong were forcibly relocated to state-run collective farms, or they voluntarily migrated to Thailand.<sup>(4)</sup> Ban Vinai, one of the biggest Thai camps, was riddled with disease as a result of open sewage and high population density.

In 1985, the International Rescue Committee appointed ethnographer Dwight Conquergood as the coordinator for an environmental health program in Ban Vinai. Instead of commuting to the camp daily, like the other expatriate researchers, Conquergood insisted on living in a thatched hut like the other Ban Vinai residents.<sup>(5)</sup> Drawing on inspiration from *Pedagogy of the Oppressed* by Paulo Freire, an influential Brazilian philosopher, as well as *Where There Is No Doctor: A Village Health Care Handbook*, Conquergood was interested to see if theories of Third World performance art and village theater could be applied in Ban Vinai to raise awareness about health issues.<sup>(6)</sup> One day, he noticed a Hmong woman humming folk songs on a bench.

*"Her face was decorated with little blue moons and golden suns, which he recognized as stickers the camp clinic placed on medication bottles to inform illiterate patients whether the pills should be taken morning or night. The fact that Conquergood considered this a delightful example of creative costume design rather than an act of medical noncompliance suggests some of the reasons why the program he designed turned out to be the most (indeed, possibly the only) completely successful attempt at health care delivery Ban Vinai had ever seen."*<sup>(7)</sup>

The first dilemma Conquergood encountered was a failed attempt by the medical staff to vaccinate all the camp dogs after a rabies outbreak. In an effort to discover why so few Ban Vinai inhabitants brought their dogs to the clinic to be inoculated, he said that he found that Hmong expressed much distrust toward local hospitals, which were primarily run by overly zealous foreigners from Christian charitable foundations. The hospital volunteers disrespected

their traditional beliefs, cutting spirit-strings from their wrists because they were thought to harbor germs, removing neck-rings that Hmong believed protected the souls of small children, and denouncing Hmong confidence in shamans and herbalists. With these beliefs and perceptions in mind, Conquergood designed a “Rabies Parade.”

*It was “a procession led by three important characters from Hmong folktales—a tiger, a chicken, and a dab—dressed in homemade costumes. The cast, like its audience, was one hundred % Hmong. As the parade snaked through the camp, the tiger danced and played the qeej, the dab sang and banged a drum, and the chicken ... explained the etiology of rabies through a bullhorn.” (8)*

All three figures were strategically chosen to appeal to Hmong’s cultural ideologies. The tiger, a guileful creature in Hmong mythology, drew attention and inspired awe. The commotion of the singing and drumming of the dab, a supernatural spirit, drew people out of their huts and into the streets. The chicken implored the parents to vaccinate their dogs to protect their children. The adults, aware of the chicken’s divine status in Hmong folklore, listened attentively. (9)

*“The next morning, the vaccination stations were so besieged by dogs—dogs carried in their owners’ arms, dogs dragged on rope leashes, dogs rolled in on two-wheeled pushcarts—that the health workers could hardly inoculate them fast enough.” (10)*

Equally successful was Conquergood’s “Garbage Theme” month.

*“Drawing on the evil ogre character from Hmong folklore (poj ntxoog), we created an ugly Garbage Troll in soiled ragged clothes and a mask plastered with bits of garbage and dirt. The Garbage Troll would lumber into the centre of the playing space and begin dramatizing the behavior to be discouraged—peeling eggs and other food and throwing the waste on the ground, picking up dirty food from the ground and putting it into his mouth, and so forth.” (11)*

Then “Mother Clean,” an eight-foot dancing puppet on a bamboo frame would sing a song with the following lyrics: “When you lived in the mountains, the wind and the rain cleaned the garbage. Now with so many people in Ban Vinai, we all must be careful to clean up the garbage.” (12)

Conquergood’s detailed investigation of the local cultural landscape, as well as his integration of Hmong practices and beliefs into the program’s architecture, resulted in widespread conscientization of the public about the perils of pollution and poor sanitation. The resulting behavioral change suggests that development organizations *must* engineer programs that are culturally sensitive, as well as locally endorsed and conducted, if improvements are to be made.

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### **Case Study #3: A Successful Top-Down Approach**

While spontaneous grassroots initiatives and decentralized community-based organizations are often more successful at engaging community member participation in and ownership of progress *because of* their knowledge of local realities, outside agencies can still play a role in improving the well-being of individuals living in poverty. (24), (25) The Carter Center, a non-governmental not-for-profit organization founded by former US president Jimmy Carter and former First Lady Rosalynn Carter, is trying to do just this. Their mission, “in partnership with Emory University, is guided by a fundamental commitment to human rights and the alleviation of human suffering; it seeks to prevent and resolve conflicts, enhance freedom and democracy, and improve health.” The Center functions by “both engaging with those at the highest levels of government and working side by side with poor and often forgotten people” in more than 70

countries.<sup>(26)</sup> In doing so, the Center has accomplished much for the causes of equality and sustainability. Some of their successes include:

- Strengthening governmental competency by overseeing democratic elections in Asia, Latin America, and Africa.
- Helping farmers double or triple their grain yields in 15 African countries.
- Mediating or working to prevent civil and international conflicts.
- Preventing unnecessary or neglected diseases in Latin America and Africa.
- Striving to diminish the stigma against mental illness.

Unlike some less effective foreign agencies, The Carter Center is in the business of helping people improve their *own* lives by their *own* methods by providing the necessary skills, knowledge, and access to resources.<sup>(27)</sup> Take, for example, The Carter Center's Guinea Worm Eradication Program. Guinea worm is a disease contracted by drinking stagnant water contaminated with the infectious larvae of microscopic water fleas. Once inside an individual's body, the larvae incubate and grow to as long as three feet for about a year, and then slowly emerge from painful skin blisters. People with exiting worms should not bathe or step in sources of drinking water, because doing so allows worms the opportunity to lay hundreds of eggs on which the water flies feed, thus tainting unfiltered pond water. The agonizing and incapacitating process of eliminating a worm from one's body, which must be completed by wrapping the live worm around an object and gradually extracting it, inhibits children from attending school and farmers from cultivating their crops. The magnitude of impact of lost productivity due to Guinea worm is devastating in poor communities—in southeastern Nigeria, rice farmers in just one county lost \$20 million in a single year due to high prevalence of Guinea worm disease.<sup>(28)</sup>

Between 1986 and today, The Carter Center's measures have reduced the total caseload of Guinea worm from 3.5 million in 20 countries across Africa and Asia to 3,190 remaining in Sudan, Ghana, Mali, and Ethiopia. Through health education and low-technology interventions, The Carter Center has empowered families to take control of their own protection. This has involved providing filter cloths for clay water-holding pots and distributing personal filters straws that can be worn around the neck (enabling people, especially nomadic tribes, to drink safely no matter where they are). The Carter Center also trains locals to use ABATE, a chemical larvicide donated by BASF Corporation, to purify pond water. They have also erected deep wells and boreholes in hopes of banishing the disease *completely*.<sup>(29)</sup>

For a more poignant understanding of the risks and repercussions of Guinea worm, and how The Carter Center is working to eradicate it, please watch [this video](#).

At the baseline, while The Carter Center does work on a rather large scale, transplanting effective methodologies to various countries around the world, their efforts are highly impactful. By accessing power networks and world leaders, “mobilizing government officials,” and collecting millions of dollars in aid—actions characteristic of top-down development agencies—the Carter Center works to “empower and educate communities to take simple measures to prevent the disease from recurring.”<sup>(30)</sup> This is the fundamental difference that separates the Carter Center from some other top-down agencies: the intimate involvement of community beneficiaries in the problem-solving process and the positive engagement of “voices that are seldom heard.”<sup>(31)</sup> When these voices are not engaged, as seen in the next case study, problems in effectiveness can arise.

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